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**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

To Commissioner For Patents

Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.

Application Number	09/717,966
Filing Date	November 21, 2000
First Named Inventor	Martijn J.L. Emons
Group Art Unit	2115
Examiner Name	Chun Cao
Attorney Docket Number	PHN17,746

This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 145 or 146.)

1. **Submission required under 37 C.F.R. § 1.114**

a. ☒ Previously submitted

i. ☒ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on May 4, 2004
(Any unentered amendment(s) referred to above will be entered).

ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

iii. ☐ Other _____

b. ☐ Enclosed

i. ☐ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☐ Information Disclosure Statement (IDS)

iv. ☐ Other _____ (may not be a brief)

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2. **Miscellaneous**

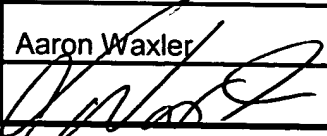
a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(i))

b. ☐ Other _____

3. **Fees**

a. ☒ The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print Type)	Aaron Waxler	Registration No. (Attorney/Agent)	48,027
Signature		Date	6/2/04

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office tel#: _____ on the date below:

Name (Print Type)	Patti DeMichele		
Signature		Date	6-3-04

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